



REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/920,810
	Filing Date	August 3, 2001
	First Named Inventor	Feger
	Group Art Unit	1654
	Examiner Name	M. Meller
	Attorney Docket Number	SYNERCID (46453)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number **21874**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number **21874**

☐ Firm or Individual Name

Address

City State Zip

Country Telephone Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name John A.A. Bellamy, Executive V.P. and General Counsel

Signature

Date 22 Feb 04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.